

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027264

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

528

FILED AUG 5 1963

## 1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

15 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE

16 Fourth Avenue

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Boone

c. CITY OR TOWN

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

16 Fourth Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Willie

Middle

H.

Last

Sims

## 4. DATE OF DEATH

Month

Day

Year

7

30

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒

## Never Married

☐

## Widowed

☐

## Divorced

☐

## 8. DATE OF BIRTH

2/10/1875

## 9. AGE (last birthday)

88

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Boone County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Josiah Sims

## 13b. MOTHER'S MAIDEN NAME

Nancy E. Kanatzer

## 14. NAME OF HUSBAND OR WIFE

Laura W. Sims

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Annie Sims Columbia, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Chronic pyelonephritis

#### INTERVAL BETWEEN ONSET AND DEATH

3 yrs

#### DUE TO (b)

Benign prostatic hypertrophy

#### Unknown

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## NOT WHILE AT WORK

☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

## 20f. CITY, TOWN, OR LOCATION

[REDACTED]

## COUNTY

[REDACTED]

## STATE

[REDACTED]

## 21. I attended the deceased from \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ 7:00 A \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree, or title)

Richard E. Pinson, M.D.

## 22b. ADDRESS

Columbia, Mo.

## 22c. DATE SIGNED

7-30-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8/1/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

## 23d. LOCATION (City, town, or county)

Columbia, Missouri

## (State)

[REDACTED]

## 24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle Columbia, Mo.

## 25. DATE RECD. BY LOCAL REG.

Aug 1 1963

## 26. REGISTRAR'S SIGNATURE

Travis R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 0109

2 0109

3

4 0

5 1

6

7 0

8 2

9 610X

10

11

12 90-0

13 30

AUG 14 1963

P010  
P010  
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2

STATEMENT BY LICENSED EMBALMER

0-0P

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by David Dutty, Student Embalmer No. 680

working under my personal supervision.

Student David Dutty  
Signature of Student Embalmer

Signed Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.